

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 565086

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
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10		1					
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47		1					
48		1					
49		1					
50		1					
TOTAL IND.	1						
TOTAL DEP.	14						
TOTAL CLAIMS	15						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							